

overarching Goals of Healthy People 2010

Healthy People 2010 is designed to achieve two overarching goals:

- ♥ Increase quality and years of healthy life
- ♥ Eliminate health disparities

Healthy People 2010 seeks to increase life expectancy and quality of life over the next 10 years by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health. At the same time, Healthy People 2010 encourages local and State leaders to develop communitywide and statewide efforts that promote healthy behaviors, create healthy environments, and increase access to high-quality health care. Given the fact that individual and community health are virtually inseparable, it is critical that both the individual and the community do their parts to increase life expectancy and improve quality of life.

Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieving health equity that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in promoting communitywide safety, education, and access to health care.

Healthy People 2010 is firmly dedicated to the principle that—regardless of age, gender, race, ethnicity, income, education, geographic location, disability, and sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health.

Healthy People 2010 Heart Disease and Stroke Overall Goal

Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

The Heart Disease and Stroke Overall Goal is segmented into four performance goals and objectives with relevant Healthy People 2010 Objectives on the following pages.

1 PREVENT DEVELOPMENT OF RISK FACTORS

Objective: Through population and clinical approaches, increase the percentage of children and adults who engage in heart-healthy behaviors to prevent the development of cardiovascular disease (CVD) risk factors.

Heart Disease and Stroke

- 12-12 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.
- 12-13 Reduce the mean total blood cholesterol levels among adults.
- 12-15 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Access to Quality Health Services

- 1-2 (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.
- 1-3 (Developmental) Increase the proportion of persons appropriately counseled about health behaviors.
- 1-7 (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

Educational and Community-Based Programs

- 7-2 Increase the proportion of middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
- 7-3 Increase the proportion of college and university students who receive information from their institution on each of the six priority health-risk areas.
- 7-5 Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.
- 7-6 Increase the proportion of employees who participate in employer-sponsored health promotion activities.
- 7-9 (Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

- 7-10 (Developmental) Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas.
- 7-11 Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs for racial and ethnic minority populations.

Health Communications

- 11-2 (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.
- 11-6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

Nutrition and Overweight

- 19-1 Increase the proportion of adults who are at a healthy weight.
- 19-3 Reduce the proportion of children and adolescents who are overweight or obese.
- 19-5 Increase the proportion of persons age 2 years and older who consume at least two daily servings of fruit.
- 19-6 Increase the proportion of persons age 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.
- 19-7 Increase the proportion of persons age 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains.
- 19-8 Increase the proportion of persons age 2 years and older who consume less than 10 percent of calories from saturated fat.
- 19-9 Increase the proportion of persons age 2 years and older who consume no more than 30 percent of calories from fat.
- 19-10 Increase the proportion of persons age 2 years and older who consume 2,400 mg or less of sodium daily.
- 19-15 (Developmental) Increase the proportion of children and adolescents age 6 to 19 years whose intake of meals and snacks at school contributes proportionally to good overall dietary quality.
- 19-16 Increase the proportion of worksites that offer nutrition or weight management classes or counseling.

Physical Activity and Fitness

- 22-1 Reduce the proportion of adults who engage in no leisure-time physical activity.
- 22-2 Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- 22-3 Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- 22-6 Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.
- 22-7 Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- 22-8 Increase the proportion of the Nation's public and private schools that require daily physical education for all students.
- 22-9 Increase the proportion of adolescents who participate in daily school physical education.
- 22-10 Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.
- 22-13 Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.
- 22-14 Increase the proportion of trips made by walking.
- 22-15 Increase the proportion of trips made by bicycling.

Public Health Infrastructure

- 23-1 (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.
- 23-3 Increase the proportion of all major National, State, and local health data systems that use geocoding to promote nationwide use of geographic information systems at all levels.
- 23-10 (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

Tobacco Use

- 27-1 Reduce tobacco use by adults.
- 27-2 Reduce tobacco use by adolescents.
- 27-3 (Developmental) Reduce initiation of tobacco use among children and adolescents.
- 27-4 Increase the average age of first use of tobacco products by adolescents and young adults.
- 27-7 Increase tobacco use cessation attempts by adolescent smokers.
- 27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.
- 27-16 (Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults.
- 27-17 Increase adolescents' disapproval of smoking.
- 27-19 Eliminate laws that preempt stronger tobacco control laws.

2 DETECT AND TREAT RISK FACTORS

Objective: Increase the percentage of patients who have their CVD risk factors detected and who implement lifestyle and/or pharmacologic intervention and successfully control their blood pressure and cholesterol levels and weight to prevent the development of CVD.

Heart Disease and Stroke

- 12-1 Reduce coronary heart disease deaths.
- 12-7 Reduce stroke deaths.
- 12-9 Reduce the proportion of adults with high blood pressure.
- 12-10 Increase the proportion of adults with high blood pressure whose blood pressure is under control.
- 12-11 Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, and reducing sodium intake) to help control their blood pressure.
- 12-12 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.
- 12-13 Reduce the mean total blood cholesterol levels among adults.
- 12-14 Reduce the proportion of adults with high total blood cholesterol levels.
- 12-15 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Access to Quality Health Services

- 1-3 (Developmental) Increase the proportion of persons appropriately counseled about health behaviors.
- 1-7 (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

Chronic Kidney Disease

- 4-1 Reduce the rate of new cases of end-stage renal disease.
- 4-2 Reduce deaths from cardiovascular disease in persons with chronic kidney failure.
- 4-3 Increase the proportion of treated chronic kidney failure patients who have received counseling on nutrition, treatment choices, and cardiovascular care 12 months before the start of renal replacement therapy.

Health Communications

- 11-2 (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.

- 11-6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skill.

Nutrition and Overweight

- 19-1 Increase the proportion of adults who are at a healthy weight.
- 19-2 Reduce the proportion of adults who are obese.
- 19-3 Reduce the proportion of children and adolescents who are overweight or obese.
- 19-17 Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition.

Physical Activity and Fitness

- 22-1 Reduce the proportion of adults who engage in no leisure-time physical activity.
- 22-2 Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- 22-3 Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Respiratory Diseases

- 24-11 (Developmental) Increase the proportion of persons with symptoms of obstructive sleep apnea whose condition is medically managed.

Tobacco Use

- 27-1 Reduce tobacco use by adults.
- 27-2 Reduce tobacco use by adolescents.
- 27-5 Increase smoking cessation attempts by adult smokers.
- 27-7 Increase tobacco use cessation attempts by adolescent smokers.
- 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency.
- 27-18 (Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs.

3 **EARLY RECOGNITION AND TREATMENT OF ACUTE CORONARY SYNDROMES**

Objective: Increase the percentage of the public, including specified target groups, and providers who recognize the symptoms and signs of acute coronary syndromes and seek timely and appropriate evaluation and treatment.

Heart Disease and Stroke

- 12-2 (Developmental) Increase the proportion of adults age 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.
- 12-3 (Developmental) Increase the proportion of eligible patients with heart attacks who receive artery-opening therapy within an hour of symptom onset.
- 12-4 (Developmental) Increase the proportion of adults age 20 years and older who call 911 and administer cardiopulmonary resuscitation (CPR) when they witness an out-of-hospital cardiac arrest.
- 12-5 (Developmental) Increase the proportion of persons with witnessed out-of-hospital cardiac arrest who are eligible and receive their first therapeutic electrical shock within 6 minutes after collapse recognition.
- 12-8 (Developmental) Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke.

Access to Quality Health Services

- 1-10 (Developmental) Reduce the proportion of persons who delay or have difficulty in getting emergency medical care.
- 1-11 (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.

4 PREVENT RECURRENCE AND COMPLICATIONS OF CARDIOVASCULAR DISEASE

Objective: Increase the percentage of CVD patients who are treated appropriately with lifestyle changes and drugs, and who reach LDL cholesterol and blood pressure levels, and successfully control their weight and other CVD risk factors to reduce CVD events.

Heart Disease and Stroke

- 12-1 Reduce coronary heart disease deaths.
- 12-6 Reduce hospitalizations of older adults with heart failure as the principal diagnosis.
- 12-7 Reduce stroke deaths.
- 12-9 Reduce the proportion of adults with high blood pressure.
- 12-10 Increase the proportion of adults with high blood pressure whose blood pressure is under control.
- 12-11 Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, and reducing sodium intake) to help control their blood pressure.
- 12-13 Reduce the mean total blood cholesterol levels among adults.
- 12-14 Reduce the proportion of adults with high total blood cholesterol levels.
- 12-16 (Developmental) Increase the proportions of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100 mg/dL.

Access to Quality Health Services

- 1-3 (Developmental) Increase the proportion of persons appropriately counseled about health behaviors.
- 1-15 (Developmental) Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services.

Chronic Kidney Disease

- 4-2 Reduce deaths from cardiovascular disease in persons with chronic kidney failure.

Educational and Community-Based Programs

- 7-5 Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.
- 7-6 Increase the proportion of employees who participate in employer-sponsored health promotion activities.
- 7-7 (Developmental) Increase the proportion of health care organizations that provide patient and family education.
- 7-8 (Developmental) Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.

Health Communications

- 11-2 (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.
- 11-6 (Developmental) Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

Nutrition and Overweight

- 19-1 Increase the proportion of adults who are at a healthy weight.
- 19-2 Reduce the proportion of adults who are obese.
- 19-5 Increase the proportion of persons age 2 years and older who consume at least two daily servings of fruit.
- 19-6 Increase the proportion of persons age 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables.
- 19-8 Increase the proportion of persons age 2 years and older who consume less than 10 percent of calories from saturated fat.
- 19-9 Increase the proportion of persons age 2 years and older who consume no more than 30 percent of calories from fat.
- 19-10 Increase the proportion of persons age 2 years and older who consume 2,400 mg or less of sodium daily.
- 19-16 Increase the proportion of worksites that offer nutrition or weight management classes or counseling.
- 19-17 Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition.

Physical Activity and Fitness

- 22-1 Reduce the proportion of adults who engage in no leisure-time physical activity.
- 22-2 Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- 22-3 Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Tobacco Use

- 27-1 Reduce tobacco use by adults.
- 27-5 Increase smoking cessation attempts by adult smokers.
- 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency.
- 27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home.
- 27-11 Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
- 27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
- 27-13 Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.
- 27-18 (Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs.
- 27-19 Eliminate laws that preempt stronger tobacco control laws.

HEALTHY PEOPLE 2010 OBJECTIVES: SELECTED TABLES

The following tables summarize, by gender, selected Healthy People 2010 measurable objectives that are related to heart disease and stroke overall goal. Measurable objectives are those that include Baseline, Target, and Target Setting Method information.

The Target Setting Methods are generally: (a) some percentage improvement or reduction relative to the baseline; or (b) better than the best value. Better than the best connotes that the target is set based on the best value currently exhibited in a racial/ethnic subgroup of the population. As a general rule, one target is set for all population groups to reach by the year 2010. For objectives for which it is unlikely to achieve an equal health outcome within 10 years by applying known health interventions, the target is set at levels that represent a substantial proportion of the population. These targets are regarded as minimally acceptable improvements. Explicit recognition is made that population groups already better than the identified target should continue to improve.

7-6 Increase the Proportion of Employees Who Participate in Employer-Sponsored Health Promotion Activities.

Percentage of Employees Age 18 Years or Older*			
	Total	Female	Male
Baseline	28	34	27
Target	50		
Target Setting Method: Better than the best			

*1994 data

7-12 Increase the Proportion of Older Adults Who Have Participated During the Preceding Year in at Least One Organized Health Promotion Activity.

Percentage of Adults Age 65 Years or Older			
	Total*	Female**	Male**
Baseline	12	14	9
Target	90		
Target Setting Method: Better than the best			

*1998 Preliminary Data

**1995 Final Data

All data age-adjusted to the year 2000 standard population

12-1 Reduce Coronary Heart Disease Deaths.

Deaths per 100,000 Population			
	Total*	Female**	Male**
Baseline	208	170	276
Target	166		
Target Setting Method: 20 Percent Improvement			

*1998 Preliminary Data

**1997 Final Data

All data age-adjusted to the year 2000 standard population

12-6 Reduce Hospitalizations of Older Adults with Heart Failure as the Principal Diagnosis.

Hospitalizations per 1,000 Population*			
	65 to 74 years	75 to 84 years	85 years and older
Total			
Baseline (1997)	13.4	26.9	53.1
Target	6.5	13.5	26.5
Female			
Baseline	11.5	25.2	50.6
Target			
Male			
Baseline	15.6	29.5	59.3
Target			
Target Setting Method: Better than the best			

*1997 data

12-7 Reduce Stroke Deaths.

Deaths per 100,000 Population			
	Total*	Female**	Male**
Baseline	60	60	64
Target	48		
Target Setting Method: 20 Percent Improvement			

*1998 Preliminary Data

**1997 Final Data

All data age-adjusted to the year 2000 standard population

12-9 Reduce the Proportion of Adults with High Blood Pressure.

Percentage of Adults Age 20 Years or Older *			
	Total	Female	Male
Baseline	28	26	30
Target	16		
Target Setting Method: Better than the best			

*1988-94 data

All data age-adjusted to the year 2000 standard population

12-10 Increase the Proportion of Adults Age 18 Years or Older with High Blood Pressure Whose Blood Pressure Is Under Control.

Percentage of Adults Age 18 Years or Older			
	Total*	Female**	Male**
Baseline	18	28	12
Target	50		
Target Setting Method: Better than the best			

*1988-94 data

**1988-91 data

All data age-adjusted to the year 2000 standard population

12-11 Increase the Proportion of Adults with High Blood Pressure Who Are Taking Action (For Example, Losing Weight, Increasing Physical Activity, and Reducing Sodium Intake) To Help Control Their Blood Pressure.

Percentage of Adults Age 18 Years or Older			
	Total*	Female**	Male**
Baseline	72	81	77
Target	95		
Target Setting Method: Better than the best			

*1998 Preliminary Data

**1994 Final Data

All data age-adjusted to the year 2000 standard population

12-12 Increase the Proportion of Adults Who Have Had Their Blood Pressure Measured Within the Preceding 2 Years and Can State Whether Their Blood Pressure Was Normal or High.

Percentage of Adults Age 18 Years or Older			
	Total*	Female**	Male**
Baseline	90	89	81
Target	95		
Target Setting Method: Better than the best			

*1998 Preliminary Data

**1994 Final Data

All data age-adjusted to the year 2000 standard population

12-13 Reduce the Mean Total Blood Cholesterol Levels Among Adults.

Mg/dl for Adults Age 20 Years or Older*			
	Total	Female	Male
Baseline	206	207	204
Target	199		
Target Setting Method: Better than the best			

*1988-94 data

All data age-adjusted to the year 2000 standard population

12-14 Reduce the Proportion of Adults With High Total Blood Cholesterol Levels.

Percentage of Adults Age 20 Years or Older That Have Total Blood Cholesterol Levels of 240mg/dl or Greater*			
	Total	Female	Male
Baseline	21	22	19
Target	17		
Target Setting Method: Better than the best			

*1988-94 data

All data age-adjusted to the year 2000 standard population

12-15 Increase the Proportion of Adults Who Have Had Their Blood Cholesterol Checked Within the Preceding 5 Years.

Percentage of Adults Age 18 Years or Older That Have Had Their Blood Cholesterol Checked Within the Preceding 5 Years			
	Total*	Female**	Male**
Baseline	68	69	64
Target	80		
Target Setting Method: Better than the best			

*1998 Preliminary Data

**1993 Final Data

All data age-adjusted to the year 2000 standard population

19-1 Increase the Proportion of Adults Who Are at a Healthy Weight.

Percentage of Adults Age 20 Years or Older at a Healthy Weight (BMI equal to or greater than 18.5 and less than 25)*			
	Total	Female	Male
Baseline	42	45	38
Target	60		
Target Setting Method: Better than the best			

*1988-94 Data.

All data age-adjusted to the year 2000 standard population

19-2 Reduce the Proportion of Adults Who Are Obese.

Percentage of Adults Age 20 Years or Older Identified as Obese (BMI equal or more than 30)*			
	Total	Female	Male
Baseline	23	25	20
Target	15		
Target Setting Method: Better than the best			

*1988-94 data

All data age-adjusted to the year 2000 standard population

19-5 Increase the Proportion of Persons Age 2 Years or Older Who Consume at Least Two Daily Servings of Fruit.

Percentage of Persons Age 2 Years or Older Who Consume at Least Two Daily Servings of Fruit*			
	Total	Female	Male
Baseline	28	26	29
Target	75		
Target Setting Method: Better than the best			

*1994-96 data

All data age-adjusted to the year 2000 standard population

19-6 Increase the Proportion of Persons Age 2 Years or Older Who Consume at Least Three Daily Servings of Vegetables, With at Least One-third Being Dark Green or Deep Yellow Vegetables.

Percentage of Persons Age 2 Years or Older Who Consume at Least Three Daily Servings of Vegetables, With at Least One-third Being Dark Green or Deep Yellow Vegetables*			
	Total	Female	Male
Baseline	3	4	3
Target	50		
Target Setting Method: Better than the best			

*1994-96 data

All data age-adjusted to the year 2000 standard population

22-1 Reduce the Proportion of Adults who Engage in no Leisure-time Physical Activity.

Percentage of Adults Age 18 Years or Older Engaged in No Leisure-Time Physical Activity*			
	Total	Female	Male
Baseline	40	43	36
Target	20		
Target Setting Method: Better than the best			

*1997 data

All data age-adjusted to the year 2000 standard population

22-2 Increase the Proportion of Adults Who Engage Regularly, Preferably Daily, in Moderate Physical Activity for at Least 30 Minutes per Day.

Percentage of Adults Age 18 Years or Older Who Are Active for at Least 30 Minutes 5 or More Days per Week*			
	Total	Female	Male
Baseline	15	13	16
Target	30		
Target Setting Method: Better than the best			

*1997 data

All data age-adjusted to the year 2000 standard population

22-3 Increase the Proportion of Adults Who Engage in Vigorous Physical Activity That Promotes the Development and Maintenance of Cardiorespiratory Fitness 3 or More Days Per Week for 20 or More Minutes Per Occasion.

Percentage of Adults Who Engage in Vigorous Physical Activity that Promotes the Development and Maintenance of Cardiorespiratory Fitness 3 or More Days Per Week for 20 or More Minutes per Occasion*			
	Total	Female	Male
Baseline	23	20	26
Target	30		
Target Setting Method: Better than the best			

*1997 data

All data age-adjusted to the year 2000 standard population

27-1a Reduce Tobacco Use by Adults (Cigarette Smoking).

Percentage of Adults Age 18 years or older that Smoke Cigarettes*			
	Total	Female	Male
Baseline	24	22	27
Target	12		
Target Setting Method: Better than the best			

*1997 data

All data age-adjusted to the year 2000 standard population

27-5 Increase Smoking Cessation Attempts by Adult Smokers.

Percentage of Adults Age 18 Years or Older that Stop Smoking for a Day or Longer Because They Are Trying to Quit*			
	Total	Female	Male
Baseline	43	43	43
Target	75		
Target Setting Method: Better than the best			

*1997 data

All data age-adjusted to the year 2000 standard population

27-6 Increase Smoking Cessation During Pregnancy.

Percentage of Smoking Cessation During the First Trimester of Pregnancy*	
Baseline	12
Target	30
Target Setting Method: Better than the best	

*1991 Final data

All data age-adjusted to the year 2000 standard population.